

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022384  
STATE FILE NUMBER

FILED JUL 8 1958 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 108

5. 300  
1-57  
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1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lebanon</b>		c. CITY OR TOWN <b>Lebanon</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>102 N. Jackson</b> INSTITUTION		Length of stay in lb <b>13 yrs</b>	
3. NAME OF DECEASED (Type or print) <b>IDA</b>		4. DATE OF DEATH <b>June 29, 1958</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept. 11, 1890</b>	
9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Book</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Restaurant</b>	
11. BIRTHPLACE (City and state or country) <b>Laclede County Mo. o</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Hick Carroll</b>		13b. MOTHER'S MAIDEN NAME <b>Alice McElroy</b>	
14. NAME OF HUSBAND OR WIFE <b>Abraham Travis</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>497-22-4521</b>	
17. INFORMANT <b>Mr. John Travis, Lebanon, Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Metastatic Carcinoma, lungs &amp; cerebrum</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Primary adenocarcinoma st. breast</b>		<b>11 years</b>	
DUE TO (c) <b>170X</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypertensive cardio vascular disease</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>6/25/58</b> to <b>6/29/58</b> and last saw her alive on <b>6/25/58</b> Death occurred at <b>8:30 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. Froelich, M.D.</b>		22b. ADDRESS <b>Lebanon Mo.</b>	
22c. DATE SIGNED <b>6/30/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6/30/58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Rose Memorial Park</b>		23d. LOCATION (City, town, or county) (State) <b>Laclede County Missouri</b>	
24. FUNERAL DIRECTOR <b>S. P. Palmy Lebanon Mo</b>		25. DATE RECD. BY LOCAL REG. <b>6-30-1958</b>	
ADDRESS		26. REGISTRAR'S SIGNATURE <b>Hilda L. Gray</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Received JUL 7 1958  
Laclede County Health Unit  
File No. 108  
Date Filed JUL 7 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed S. R. Palmer .....

Licensed Embalmer No. 2208 .....

P. O. Address Lebanon Mo .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.